

# ATTENTION: Eye Care Providers

## New Eyewear Billing Policy

### Beginning on January 1, 2019

UPHP will expect all eye providers to bill according to the attached UPHP Billing Policy HP\_BP2019003\_V1 for all UPHP Medicaid members.



Please note the following definitions derived from the Michigan Department of Health and Human Services (MDHHS) provider manual to assist your office in correct billing and use of the RA modifier.

### Initial Eyeglasses

Initial eyeglasses are considered to be the first prescription eyeglasses ever worn by a person regardless of how they were obtained (e.g., through Medicaid, other insurance, or private pay).

### Subsequent Eyeglasses

Subsequent eyeglasses are eyeglasses that follow the initial eyeglasses and must be medically necessary when provided. Subsequent eyeglasses are a Medicaid benefit and do not require prior authorization if they meet Medicaid Provider Manual diopter criteria. For periods greater than 24 months from the date of the previous prescription (initial or subsequent), subsequent eyeglasses may be ordered for diopter changes. Please see MDHHS Provider Manual for diopter criteria.

### Replacement Eyeglasses

Replacement frames and/or lenses are a benefit if the member's initial or subsequent eyeglasses have been lost, stolen, or broken beyond repair. Replacement frames and/or lenses must be an identical replacement of the previously issued frames and/or lenses unless they are unusable or no longer available.

- Members 21 and older may receive one replacement pair of eyeglasses per year.
- Members under 21 may receive up to two replacement pair per year.

One year is defined as 365 days from the date the initial or subsequent pair of eyeglasses were ordered. ***RA modifier must be billed with replacement frames and/or lenses.***

Please contact UPHP Claims Services at 1-800-835-2556 for questions.